State of West Virginia

Electioneering Communications Form

Must be filed when \$5,000 or more is spent on "electioneering communications" as detailed in WV Code §3-8-2b. Name of person making expenditure ____ Person(s) sharing or exercising direction or control "Persons sharing or exercising direction or control" means officers, directors, executive directors or their equivalent, partners, and in the case of unincorpiorated organizations, owners of the entity or person making the disbursement for the electioneering communication." **Email** Telephone Name Email Telephone Email Name Judy Hale Name of the custodian of the books Principal place of business and address (Only if the person making the expenditure is not an individual) FT-West Virginia COPE 1610 Washington St. E. Suite 2:00 Charleston WV 25311 Electioneering communication expenditures of more than \$1,000 (as required by WV Code §3-8-2b) Rick Thompson Refers to: (candidate name)_____ Paid to HAA Signs Amount of expenditure \(\frac{\frac{1}{1},590}{00} \) Date the expenditure was made $\frac{5/2}{2}$ 2011 _____ Made within (check one): Election year 30 days prior to the Primary Election 60 days prior to the General Election Refers to: (candidate name)_____ Paid to _____ Amount of expenditure _____ Date the expenditure was made _____ Election year _____ Made within (check one) 30 days prior to the Primary Election 60 days prior to the General Election Refers to: (candidate name) Paid to Amount of expenditure _____ Date the expenditure was made _____ _____ Made within (check one): Election year 30 days prior to the Primary Election 60 days prior to the General Election Refers to: (candidate name) Amount of expenditure _____ Date the expenditure was made _____ Election year _____ Made within (check one) 30 days prior to the **Primary Election** 60 days pricr to the General Election

Contributors totaling more than \$1,000 from the previous calendar year to date (as required by West Virginia Code §3-8-2b)

	Date the contributor exceeded \$250
Value of the contribution	Description of contribution
City:	State and Zip Code:
Name of contributor	Date the contributor exceeded \$250
Occupation of contributor (if applicable): Value of the contribution Description of contribution Address:	
	State and Zip Code:
Name of contributor Date the contributor exceeded \$250 Occupation of contributor (if applicable):	
Value of the contribution Description of contribution Address:	
City:	State and Zip Code:
Name of contributor Date the contributor exceeded \$250 Occupation of contributor (if applicable):	
Value of the contribution Description of contribution	
City: State and Zip Code:	
OATHORAFFIRMATION	
I, July Houle , swea or affirm that the attached statement is true and correct, to the best of my knowledge, for all financial transactions occurring within the period covered by this statement.	
Office Use Only 95:28	Signature Judy Hale
SOLIMAY -3 PM 3:56	This form must be <u>received</u> in the Secretary of State's Office

prior to the close of business to be accepted on that date.